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The Personal Network of Dutch Older Adults: A Source of Social Contact and Instrumental Support

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Compared to several other countries in Western Europe, the percentage of older adults in the Netherlands is still relatively low. In 1990, for example, the percentage of people age 65 and above was approximately 12.8 percent, as opposed to 14.0 percent in France, 14.7 percent in Belgium, 15.3 percent in Germany, and 15.6 percent in the United Kingdom (Walker, Alber, and Guillemand, 1993). However, like elsewhere in Europe, the effects of the "baby boom" of the 1950s will significantly alter the age distribution after the year 2000. The percentage of people above the age of 60 in the Netherlands is, thus, expected to rise to 33 percent in the year 2030 (Van der Wijst and Van Poppel, 1994a).

The elderly in the Netherlands, like those in most other Western European countries, are in a reasonably privileged position. They live in a welfare state, have a guaranteed minimum income after the age of 65, and have access to an ample supply of care and care facilities. Given the continuing rise in average life expectancy and the concomitant increase in health problems over a longer part of the life span, however, Dutch authorities are currently concerned by the rising expenses of health care for the elderly. In this regard, authorities are appealing increasingly to the "caring society," in particular for support from the informal networks of the elderly.

For example, admission to a nursing home is not granted until it is no longer feasible for relatives and others in the vicinity to care for the elderly person. As more elderly people now live alone for longer periods, it is not an easy task for adult children to provide the required care, especially if they do not live close by.

It is consequently important for the elderly to have people in the vicinity who are willing to help them out, if necessary.

It must be recognized, nevertheless, that the rising numbers of older adults does not portend only negative effects for society. In the first place, only a small percentage of elderly people need a great extent of care; approximately 4 percent of the people above the age of 55 have severe problems with one or more of the general daily needs (SCP, 1990). Many elderly people are socially active in various facets of society, particularly those under the age of 75. Political parties, volunteer work associations, and hobby clubs of all kinds benefit from the role the elderly play. Moreover, older adults have sufficient resources to constitute a target group for the world of trade and commerce. Finally, many elders actively contribute within their personal network in supporting the other members, as, for example, with minding the grandchildren and giving financial aid to adult children.

Rising life expectancy, the growing need for care on the part of some elderly people, and having greater financial resources are all factors that variously affect the social networks of the aged. In order to study the specific effects of growing older on personal networks, two network dimensions must be distinguished (Antonucci, 1990). First is the structure of the network. With how many people does a person associate? With how many different types of relationships does he or she maintain contact? How active or how latent are these relationships? These structural features of the network indicate how socially active the older adult is. In this sense, the network is seen as a source of social contact and as an indication of the elderly person's extent of social integration.

The second network dimension is functional in nature. In this regard, interaction with others is seen as a means for coping with day-to-day problems and fundamental life events. It is not the contact itself that is important but, rather, the exchange of support that takes place as a result. Such support from network members may help one to deal with negative events and to cope with large and small problems. By support we mean both instrumental support, which includes performing services and giving practical help, and emotional support, which entails giving personal attention and a sense of security. For older adults, having instrumental support is a particularly important prerequisite for being able to live and function independently. From this point of view, the network is viewed as a collection of potential and actual support-givers.

In this chapter, we describe the networks of Dutch older adults on the basis of these two dimensions: the network as a collection of social contacts and the network as a collection of support-givers. Neither of these dimensions can be fully examined without taking the other into consideration. Interactions take place within the structure of the network, but only some of these are supportive. The next section thus presents both of these dimensions in greater detail and elaborates upon the specific research questions addressed in this inquiry.

As classification of network features depends, to a great degree, on the method used to delineate the network, extensive attention is devoted in a following section to the method we used for identification of network members. Through this method we distinguish between the “total” personal network—that is, all individuals who meet with our network criteria—and the “contact” network, or the network members with whom the most frequent contact is maintained and who, thus, can be viewed as potential support-givers. The features of the total network indicate how socially integrated older adults are; the contact network indicates the extent to which the network functions as supplier of support. Both aspects are explored in subsequent sections in the chapter. Given the unique importance of instrumental support for the functioning of elderly people, we focus the analysis upon this particular type of support. In the final section, attention is devoted to the research and policy implications of these findings on the personal networks of Dutch older adults.

NETWORK DIMENSIONS AND RESEARCH QUESTIONS

The Network as Source of Social Contact

A prevalent myth is that elderly people are lonely and socially isolated. Actually, numerous recent studies demonstrate that the large majority of older adults maintain various social ties and that they are satisfied with the number and the quality of these relationships (Antonucci and Akiyama, 1987b; Cantor, 1979; Dykstra, 1990a; Kendig, 1986; Knipscheer, 1980; Wenger, 1993). In general, the social networks of older adults contain family members as well as non-kin with whom they have regular contact.

Nonetheless, elderly people constitute a heterogeneous population, and this also holds true of their social contacts. Some older adults have a small network consisting mainly of relatives and others living in the immediate vicinity, whereas other older people have contact with a larger network of non-kin (Wenger, 1993). Differences in size and composition can be attributed in part to the fact that the network in existence at any given moment is the result of the life history of the individual. Throughout a lifetime, the network changes under the influence of voluntary and involuntary choices (e.g., to enter into a friendship), critical life-events (e.g., changes in employment status, the death of network members), and social structural factors (e.g., opportunities that accompany being at a certain age stage). As a result of these developments in the course of a lifetime, we can expect to find differences between the networks of the following subgroups: elderly men and women, different old-age cohorts, older adults with and without partners, and older adults with and without children.

Differences between men and women stem largely from different social structural circumstances over the life course. Thanks to their occupational career, older men usually have a larger pool of social contacts. Women’s work in and

around the home, on the other hand, tends to keep them within the circles of their relatives and neighbors (Dykstra, 1990b; Fischer and Olicker, 1983).

It has been demonstrated in the literature, moreover, that the networks of people of different ages differ in size and composition. In general, as people age, their networks tend to become smaller, and the percentage of relatives within their networks becomes greater (Marsden, 1987; Morgan, 1988). Underlying reasons are the fact that peers such as siblings, friends, and other non-kin are no longer available due to death or reduced mobility, and the physical capacities needed on the part of the elder actively to maintain relationships continue to decrease.

The size and composition of the network also largely depend on whether or not there is a partner and/or children in the course of a person's lifetime. People who have or have had a partner have access to a larger circle of social contacts than people who do not have or have not had a partner (Milardo, Johnson, and Huston, 1983). It is equally well known that children constitute an important source of contact and support for the elderly (Connidis, 1989; Shanas, 1979). The never-married and the childless consequently have less access to possibilities for contact and support. The question remains whether they have found replacements for these relationships and maintain closer contact with other relatives and non-kin than do older adults who do have a partner and/or children.

In this chapter, we address the extent to which the Dutch elderly are integrated in relationships with kin and non-kin. As indices for the extent of social integration, we use the size of the network, the number of types of relationships in the network, and the frequency of the contact maintained with the network members. The differences are described between males and females, and between older adults of different ages and those with or without partners and/or children.

The Network as Source of Support

Following the work of Kahn and Antonucci (1980), we draw a distinction between network structure and supportive interaction within the network. More specifically, we draw further attention to the distinction between interacting with network members and getting support. After all, support is not given within all relationships. Some ties are based upon sharing a common context, such as a work site, neighborhood, or tennis club, or upon something else that people have in common without any exchange of support necessarily taking place. By examining with whom the elderly frequently associate and from whom they get support, we have an indication of the various functions network relationships serve. (Is it a question of just "being there," or of actually being supportive?)

The correlation between contact frequency and the quantity of support received should be high. This is true for two reasons: (1) people will (want to) maintain more contact with someone who responds positively than with someone

who is not supportive, and (2) contact is a necessary prerequisite for receiving support. It is true, however, that not all frequent contacts are necessarily supportive, and that some infrequent contacts can, nevertheless, be very supportive.

The people with whom older adults maintain regular contact and exchange support has been the subject of research for quite some time. Based upon findings of high contact frequency and high intensity of support, partner and children are widely considered the most important persons in the network (Cantor, 1979; Cantor and Little, 1985; Connidis, 1989; Dykstra, 1990a, 1993; Litwak and Szelenyi, 1969; Stoller and Earl, 1983; Wellman and Wortley, 1989). This presumes a preference on the part of the elder for certain kinds of ties to give support, regardless of the task involved. High in this hierarchy we find the partner and children, followed to a lesser degree by neighbors, friends, and relatives. Low in the hierarchy are acquaintances and fellow members of organizations. A dynamic seems to exist, however, according to which ties lower in the support hierarchy are invoked if a type of relationship higher in the hierarchy is not available. Older adults who have no partner and/or children consequently receive more support from their other relatives (Kendig, 1986; Lee, 1985), neighbors, and friends (Adams and Blieszner, 1989; Cantor, 1979; Peters and Kaiser, 1985).

Whether the older adult receives support and to what extent also depends on his or her need for it. A need for instrumental support is precipitated by a person's reduced capacities for performing certain tasks. The process of growing older is generally accompanied by reduced physical capacities and a greater chance of losing one's loved ones. Consequently, there is an increase in old age in the support that is both desired and received from the network (Chappell, 1989; Miller and McFall, 1991; Stoller and Pugliesi, 1988).

The size and nature of the care-related chores also influence who is able to give support to the elderly person (Litwak and Szelenyi, 1969). If an older adult is confronted with severe physical problems and requires complex personal care (washing, getting dressed, eating), professional caregivers are usually indispensable. These formal providers mainly supplement the help given by the members of the network rather than replace it. The less available informal support-givers are, however, the more important the role of professional support-givers is likely to be.

To summarize, we focus in this chapter on the extent to which the elderly receive support from their network members. These data are presented for male and female elderly people of different ages, with and without partners and/or children. We consider from whom the elderly receive instrumental support and whether there is a certain hierarchy in the types of support-givers. Then we examine whether the people who give the most support are also the people with whom the most frequent contact is maintained. Lastly, we explore whether the extent of support received within different types of relationships depends on the state of older adults' health and, in the case of people with health problems, on the presence of professional caregivers.

DESIGN OF THE STUDY

Sample and Data Collection

In 1992, face-to-face interviews were conducted with 4,494 respondents who participated in the research program “Living Arrangements and Social Networks of Older Adults”¹ (Knipscheer, de Jong Gierveld, van Tilburg, and Dykstra, 1995). They constitute a stratified random sample of men and women born in the years 1903 to 1937. The oldest respondents—and the oldest men in particular—are overrepresented. The random sample was taken from the Registers of 11 municipalities in three regions of the Netherlands: the city of Amsterdam (population 714,000, density 4,400 inhabitants per square kilometre) and two rural communities in the west (population 18,000 and 14,000, density 300 and 400, both consisting of a number of small villages), one city (population 52,000, density 1700) and two rural communities (population 36,000 and 9,000, density 600 and 300) in the south, and one city (population 97,000, density 1,000) and four rural communities (populations between 4,000 and 18,000, density between 100 and 400) in the east. The three regions can be viewed as representing differences in culture, religion, urbanization, and aging in the Netherlands. The response rate was 61.7 percent. Data were collected by 88 interviewers, trained in a four-day session and supervised during the collection period.

In this chapter, we confine the analysis to 4,033 respondents. Excluded are 345 respondents with very serious health problems who consequently filled in a short version of the questionnaire, and another 116 respondents due to missing values. After weighting the data in accordance with differential stratum size, the entire sample is representative of the Dutch in the 55–89 age group.

Of the sample, 44 percent are males, and 56 percent are females. The average age of respondents is 67.7 ($SD = 8.8$). The majority are married (66 percent); 6 percent are unmarried, 6 percent are divorced, and 22 percent are widowed. Currently, 70 percent of the older adults are in a partner relationship (either married or not). Half of the elderly live with a partner or spouse (66 percent); 27 percent live alone, 5 percent live in another kind of multiperson household, and the rest (3 percent) live in an institution of some sort, such as a nursing home, a home for the aged, a psychiatric hospital, a monastery, or a shelter for the homeless. About 13 percent of the sample never had children. Almost all the respondents were born in the Netherlands (94 percent) or have Dutch nationality (99 percent). The mean number of years of education is 8.8 ($SD = 3.3$). With respect to employment status, 16 percent are employed, 51 percent are retired, 17 percent have left the work force, 6 percent never had a job, 9 percent are disabled, and less than 1 percent are unemployed. With respect to religion, 30 percent are Protestant, 28 percent are Roman Catholic, 2 percent belong to some other religious group, and 40 percent are not affiliated with a church.

Network Methodology

The main objective was to identify networks that reflect the socially active relationships of the elderly respondents. The identification method is derived from the one used in the study by Cochran et al. (1990). Two criteria govern who is included in the network. First, network composition must allow for variation, guaranteeing that every type of relationship has an equal chance to be included. This criterion led us to use a domain-specific approach with seven types of ties as initial probes: (1) household members (including the spouse/partner), (2) children and their partners, (3) other relatives, (4) neighbors, (5) colleagues from work or informal activity settings, (6) members of organizations (e.g., sport clubs, church congregations, political parties), and (7) others (e.g., friends and acquaintances).

A second objective was to include all the network members with whom the elderly respondents have regular contact, thus identifying their socially active relationships. However, in order to avoid including people with whom regular contact is understood (such as all the members of the bridge club), the importance of the relationship was added as a discriminating criterion. Respondents were directed to mention only network members above the age of 18 with whom they have regular contact and who are important to them. Moreover, respondents were told to "name the persons (e.g., in your neighborhood) you have frequent contact with and who are important to you," with respect to each of the seven domains. Limits were set on the number of names mentioned in each of the domains, but very few respondents actually reached the maximum. The total possible limit was 80.

Information was gathered on all identified network members with regard to type of relationship, gender, and frequency of contact. The network members with the highest contact frequency (maximum = 12) were then selected for further inquiry. For these 12 (or fewer) network members, data were gathered with respect to age, travel distance, duration of the relationship, employment status, marital status, and the exchange of instrumental and emotional support between the network member and the respondent.

The size of the total network is the number of persons mentioned, and 29 different relationship types were distinguished in the process. For the present analysis, the types are condensed into nine, based on Dykstra (1995): (1) the spouse or partner (regardless of whether he or she lives in the respondent's household), (2) children (including children of the partner/spouse who are not the children of the respondent), (3) partners of the children (married or not married), (4) siblings, (5) siblings-in-law, (6) other kin, (7) neighbors (including people living in the same neighborhood), (8) friends, and (9) other non-kin. The size of the partial networks of the nine relationship types are also calculated.

Frequency of contact was measured by means of one question: "How often are you in touch with . . . ?" Answers were reported on an 8-point ordinal scale (never, yearly or less often, a few times a year, monthly, once every two weeks,

weekly, a few times a week, daily). For the present analysis, the answers are recoded to the number of days a year. The mean frequency of contact with the older adult is calculated for each of the nine types of relationships.

As noted earlier, information was collected on received instrumental support with respect to the network members selected in the top 12. One question was posed: "How often did it occur in the past year that X helped you with daily chores in and around the home, such as preparing meals, cleaning house, transportation, small repairs, or filling in forms?" Response categories were: never, seldom, sometimes, and often, with values from 0 to 3, respectively. The mean score of received instrumental support was then calculated for each of the nine types of relationships.

As indicator of the physical health status of the elderly, we used the capacity to perform four Activities of Daily Living (ADL). The questions were:

Can you walk up and down stairs?

Can you walk for five minutes outdoors without resting?

Can you get up from and sit down in a chair?

Can you get dressed and undressed (including putting on shoes, doing up zippers, fastening buttons)?

Response categories were: not at all, only with help, with a great deal of difficulty, with some difficulty, and without difficulty. The scale score, ranging from 4 (numerous problems) to 20 (no problems) was homogeneous (Loevingers $H = .68$) and reliable ($\rho = .87$).

All the respondents who reported having problems with at least one of the four ADL items ($n = 2,259$) were asked how often they are assisted with the performance of ADL activities. Persons who receive at least some assistance ($n = 877$) were asked to indicate the type of assistant. Distinctions were drawn between informal assistants (partner, household members, children, other relatives, friends, acquaintances, and neighbors) and professional assistants (community nurse, service flat personnel, social services).

Analytic Procedure

First, the characteristics of the total network are described—that is, all the network members mentioned in the identification procedure. Means are provided of the number of persons mentioned and the mean frequency of contact with respect to the total network and for each of the nine relationship types. ANOVAs are used to test the statistical significance between the means by gender, five-year birth cohorts (from 55–59 to 85–89), partner status, and parental status, controlling for the influence of each.

With respect to the contact network, or the maximum of 12 selected network members, we describe the composition of the network, the mean contact frequency, and the mean received instrumental support for each of the nine types of

relationships. ANOVAs are conducted to test differences between subsamples by gender, five-year birth cohorts, partner status, and parental status in the manner just described. For each of the nine types of relationships, Pearson correlations are calculated to measure the relation between contact frequency and support. Next, the mean received instrumental support is calculated for respondents with no ADL problems (a score of 20), slight ADL problems (a score of 13–19), and severe ADL problems (a score of 4–12). For all respondents reporting ADL problems (score < 20) and receipt of at least some assistance with ADL tasks ($n = 877$), mean received instrumental support is calculated for each of the nine types of relationships, distinguishing between those who receive assistance from at least one of the professionals ($n = 226$) and those who do not receive professional help ($n = 651$). ANOVAs are performed in order to test the difference in the means adjusted for differences in gender, age, partner status, and parental status.

It should be noted that not all older adults have relationships reflecting all the tie-types, and not all the tie-types are represented within the top 12. The number of respondents for whom the mean contact frequency and the mean received instrumental support are calculated thus differ by type of relationship. Reported mean differences are statistically significant at the $p < .01$ level, unless stated otherwise.

THE NETWORK AS A SOURCE OF SOCIAL CONTACTS

The size, network composition, and contact frequency with each of the nine types of relationships indicate the extent to which the older adult is integrated in relationships with kin and non-kin. The means of the total sample are presented in Table 9.1. Differences between several subsamples are described in the text.

Size

The 4,033 older adults mention an average of 11.9 network members. Network size differs widely, however, with 10 percent of the respondents identifying three network members or fewer and 10 percent mentioning 22 or more network members; 15 older adults mention no network members at all.

Interestingly, there is no difference between the average network size of men and women. On the other hand, the general finding that network size shows a linear decrease with age is replicated in this study. Network size decreases from an average of 12.6 for the youngest (55–59 years of age) to 8.3 for the oldest (85–89 years; $F = 19.9$). Being in a partner relationship adds to one's network size. Older adults with a partner have an average network of 12.5, and those without a partner have an average of 10.7 network members ($F = 36.1$). Children also add to the size of the network: parents have an average network of 12.3, whereas the childless have an average network size of 9.2 ($F = 69.2$). Thus differences in network size are, in part, the result of the availability of a partner and children.

Table 9.1: Characteristics of the Total Network

	Composition ^a (N = 4,003)			Contact Frequency ^b			
	M	SD	Range	M	SD	Range	N
Total	11.9	8.0	0-68	132.8	74.1	0-365	4,033
Partner	0.7	0.5	0- 01	364.8	13.8	52-365	2,698
Child	2.3	1.7	0-11	167.1	111.6	12-365	3,361
Child-in-law	1.3	1.5	0-11	100.0	88.9	12-365	2,441
Sibling	0.9	1.4	0-11	72.8	89.1	12-365	1,903
Sibling-in-law	1.1	2.0	0-16	55.6	68.3	12-365	1,670
Other kin	0.9	1.6	0-25	78.9	95.1	12-365	1,615
Neighbor	1.6	2.2	0-22	165.6	123.6	12-365	2,269
Friend	1.2	2.4	0-35	67.9	76.8	12-365	1,543
Other non-kin	1.9	3.3	0-33	75.6	81.1	12-365	1,999

^a absolute number. ^b days per year.

Composition

With respect to the composition of the network, Table 9.1 shows that children are most often mentioned as network members, followed by other non-kin, neighbors, children-in-law, friends, siblings-in-law, other kin, and siblings. As follows from our guidelines, partners are always included as network members.

Several gender differences are apparent in the composition of the networks. Women mention, on the average, a larger number of siblings (1.0, vs. 0.8 mentioned by men, $F = 32.2$), other kin (1.0, vs. 0.8 for men, $F = 24.4$), and friends (1.3, vs. 0.9 for men, $F = 24.1$). The networks of men, on the other hand, more frequently include a partner (0.8, vs. 0.6 for women, $F = 302.9$), and other non-kin (2.1, vs. 1.7 mentioned by women, $F = 14.7$). No gender differences emerge regarding the number of children, children-in-law, siblings-in-law, and neighbors in the networks.

The decrease in network size with age draws attention to the types of network members who may be lost during aging. While we are as yet unable to draw conclusions regarding the actual loss of relationships over the years, as findings are based on cross-sectional data, the cohort differences can, nevertheless, provide an indication of possible changes within the network. As expected, inclusion of a partner in the network decreases sharply with age ($F = 79.0$). About 80 percent of the youngest cohort (age group 55–59) has a partner in the network, as compared with 28 percent of the oldest (age group 85–89). A decrease with age is also found with respect to the number of siblings ($F = 18.1$), siblings-in-law ($F = 14.3$), friends ($F = 11.5$), and other non-kin ($F = 20.6$) in the network. The number of children-in-law shows a different pattern among the cohorts, however ($F = 9.5$). Both the youngest (55–59) and the oldest (85–89) cohorts in the sample have the smallest number of children-in-law in their network (1.0 and 1.2, respectively), and the elderly between 75 and 79 years of age have the largest number of children-in-law (1.5). With respect to the number of other kin, we also find a more curvilinear relationship with age, but the other way around. In this case, the youngest as well as the oldest have the largest number of other kin in their network (both 1.0) and the middle cohorts have the smallest numbers (about 0.8; $F = 5.4$). No differences between cohorts are found, on the other hand, with respect to the number of children and neighbors mentioned in the network.

Older adults who are in a partner relationship have networks of a somewhat different constellation when compared to older adults who do not have a partner. The main differences are with respect to relationships with close kin: the elderly with a partner mention more children ($F = 75.8$), children-in-law ($F = 80.9$), and siblings-in-law ($F = 28.5$), but fewer siblings ($F = 6.8$) in their networks. As some of the elderly without a partner were never married and are also childless, the differences with respect to children and children-in-law are not surprising. Siblings-in-law are also more likely to enter a network if one has a partner. The finding that the elderly without a partner are more involved with their siblings, on

the other hand, suggests that this type of close kin may compensate for the lack of a partner.

Differences in network composition between older adults who are childless and those who are parents reveal that the childless are less likely to include a partner in their network ($F = 233.6$), and that they mention fewer siblings-in-law ($F = 11.8$), but more other kin ($F = 112.0$), in their network. This suggests that the absence of ties with children is compensated to some degree by a larger involvement with selected other relatives.

Network Interaction

Table 9.1 also shows the mean frequency of contact with the total network and with each of the nine types of relationships. The findings indicate that, on the average, older adults interact on a weekly basis with their network members (about 132 days a year). It is also clear that they interact very often with some network members and less often with others. Obviously most of the respondents contact their partner on a daily basis. Only partners who do not share a household are contacted less frequently. Children and neighbors are contacted very often—on the average, between a few times a week and daily. Children-in-law are also contacted very often, but about 67 days less a year than the children, on the average. The other types of relationships are contacted less frequently. In decreasing order, they include other kin, other non-kin, friends, siblings, and siblings-in-law.

It appears that frequent interaction with network members is facilitated by either emotional closeness (partner, children, children-in-law) or geographical proximity (neighbors). These types of relationships are the most socially active. The less frequently maintained ties with other relatives suggest that, by itself, the blood connection is an insufficient basis for relationship. Ties with friends and other non-kin may be more socially arranged ones, such as the weekly meetings of a political organization or a bridge club.

THE NETWORK AS A SOURCE OF SUPPORTERS

As noted earlier, the supportiveness of network ties was studied for the top 12 (or fewer) network members of the older adults. Table 9.2 contains the mean size, mean received instrumental support, and mean contact frequency for the total contact network, and for each of the nine types of relationships.

Size, Composition, and Interaction

Respondents report an average of 8.9 network members in their contact network. For about 60 percent of the adults, this is also their entire network, because their total network size is 12 or fewer. For the other 40 percent, we selected the

Table 9.2: Characteristics of the Contact Network

	Composition ^a (N = 4,003)			Contact Frequency ^b			Received Instrumental Support ^c		
	M	SD	Range	M	SD	N	M	SD	Range
Total	8.9	3.5	0-12	148.6	77.6	4,033	0.9	0.7	4,033
Partner	0.7	0.5	0-01	364.4	13.9	2,616	2.6	0.9	2,616
Child	2.1	1.5	0-10	172.2	112.2	3,315	1.2	1.0	3,315
Child-in-law	1.1	1.2	0-06	108.8	92.8	2,320	0.9	1.0	2,320
Sibling	0.6	1.0	0-06	91.2	99.6	1,538	0.5	0.9	1,538
Sibling-in-law	0.6	1.0	0-8	72.8	81.6	1,337	0.4	0.8	1,337
Other kin	0.6	1.1	0-08	95.6	103.2	1,358	0.4	0.8	1,358
Neighbor	1.4	1.7	0-12	176.9	124.4	2,198	0.6	0.9	2,198
Friend	0.7	1.3	0-10	82.8	83.6	1,319	0.5	0.9	1,319
Other non-kin	1.2	1.9	0-11	91.3	91.0	1,796	0.4	0.7	1,796

^a N = absolute number ^b days per year ^c 0 = never, 3 = often.

12 with the highest contact frequency from among the 13–68 reported network members. As Table 9.2 shows, children are most often cited as network members, followed by neighbors, other non-kin, children-in-law, friends, siblings, other kin, and siblings-in-law. As children and neighbors constitute the most frequent contacts in the total network, it is not surprising that these types of relationships dominate the contact network.

Table 9.2 also shows the mean contact frequency of the type of network members in the contact network. In decreasing order, contact is most often maintained with the partner, neighbors, children, children-in-law, other kin, other non-kin, siblings, friends, and siblings-in-law. On the average, contact with neighbors and children takes place between a few times a week and daily; contact with the other types of network members takes place between once a week and a few times a week. This is even the case for siblings-in-law, who are ranked the lowest in contact frequency.

Receipt of Instrumental Support

On the whole, older adults receive little instrumental support from their contact network. Average support is 0.9 on a scale of 0 to 3, which falls between never and seldom receiving assistance. Some differences are evident, however, with respect to respondents' gender, age, partner status, and parental status. It appears that, on the average, men receive more instrumental support than do women (1.0 vs. 0.8, $F = 37.7$). Next, there is a positive, linear relation with age: older respondents receive more support than do younger ones ($F = 4.9$). The differences between the cohorts are small, however, the oldest (85–89) receiving on average a score of 1.1, and the youngest (55–59), one of 0.9. Having a partner and/or children adds to the degree of support received from the contact network. The elderly with a partner receive more support than do those without a partner (0.9 vs. 0.8, $F = 12.5$). Older parents receive more support than do the childless elderly (0.9 vs. 0.8, $F = 11.7$). It can be concluded, therefore, that men, the oldest respondents and those with a partner and children receive the most instrumental support from their network.

Table 9.2 also shows sizeable differences between instrumental support received from various types of network members. Such support is most often received from the partner, who provides, on the average, nearly the maximum extent. Next, children and children-in-law provide support relatively more often, but even so the average rate is between seldom and sometimes. Then there is a gap with the other types of network members. In decreasing order, the elderly receive instrumental support only occasionally from neighbors, friends, siblings, other kin, siblings-in-law, and other non-kin. While this relative ranking is consistent with our expectations, the small intergroup differences do not allow more definitive conclusions.

The network members with the highest contact frequency were also expected to be the main providers of instrumental support. The findings only partly confirm this. First, the correlations between mean contact frequency and mean instrumental support are positive for every type of relationship (with the exception of the partner, for whom a statistically significant relationship was not evident), but they are not very high. Correlations are strongest for the children ($r = .28$) and weakest for the other non-kin ($r = .12$). These findings suggest that some infrequent contacts can be very supportive and that frequent contacts can sometimes be very low in support.

A second indication of the correlation between contact frequency and support is the similarity in the ranking of the relationship types in contact frequency and received support. However, the rankings do differ in some aspects. One important exception concerns neighbors who maintain very frequent contact with the older adults but seldom provide instrumental support. A higher rank on contact frequency than support intensity is also reported for other kin and non-kin. Siblings and friends, on the other hand, are ranked lower in contact frequency than support intensity. Contact with them may be limited but is, nevertheless, supportive.

Availability of Partner and Children

As partner and children are generally considered the most important informal supporters, we examine the identity of most important supporters for older adults who are lacking these relationships. It appears that, as compared with older adults with a partner, older adults without a partner receive instrumental support more often from children (1.3 vs. 1.1, $F = 24.5$), children-in-law (1.1 vs. 0.9, $F = 22.6$), siblings (0.6 vs. 0.4, $F = 23.0$), siblings-in-law (0.6 vs. 0.4, $F = 12.5$), other kin (0.5 vs. 0.4, $F = 7.5$), and other non-kin (0.4 vs. 0.3, $F = 8.5$). No such differences were found with respect to the support received from neighbors and friends.

As compared with older parents, childless older adults receive instrumental support more often from siblings (0.7 vs. 0.4, $F = 27.3$), siblings-in-law (0.6 vs. 0.4, $F = 6.8$), and other kin (0.6 vs. 0.4, $F = 15.4$). We also found an interaction effect between partner status and parental status, indicating that being partnerless and childless increases the likelihood of receipt of instrumental support from siblings ($F = 16.4$).

Received Support, ADL Capacity, and Professional Helpers

A separate category of respondents addressed here are the elderly who experience problems with their physical health and are thus likely to have an increased need for instrumental support. The network members of these older adults may

be under greater pressure to assist with instrumental tasks. Depending on the severity of the physical problems and the availability of network members, moreover, formal helpers may be called upon to assist.

We examine first the degree of instrumental support received in relation to the severity of physical problems, as indicated by the capacity to perform ADL tasks. The findings suggest that older adults with severe ADL problems receive significantly more instrumental support from their contact network. On the average, older adults with severe problems receive the most support (1.2), those with slight problems receive somewhat less (1.0), and those with no problems receive the least instrumental support (0.8; $F = 39.9$).

The same trend appears for some types of relationships. Elderly people with severe problems receive instrumental support relatively more often from children ($F = 28.7$), children-in-law ($F = 11.8$), other kin ($F = 12.1$), neighbors ($F = 18.6$), friends ($F = 6.5$), and other non-kin ($F = 9.7$). No such differences were found, on the other hand, with respect to support received from partner, siblings, and siblings-in-law.

Of the 1,525 elderly respondents who experience at least some problems with ADL, 877 indicate that they are assisted by others to some degree in performing these activities. Among them, 226 (26 percent) are assisted by formal organizations. In comparison with respondents who do receive help but not from formal organizations, a larger proportion of the formal aid recipients are female (18 vs. 30 percent, $\chi^2 = 13.2$) and not in a partner relationship (15 vs. 38 percent, $\chi^2 = 58.8$). In addition, the recipients of formal assistance are, on the average, older than are the nonrecipients (76.9 vs. 70.8, $t = 8.9$). Thus it is older women without a partner who are most likely to be assisted by formal caregivers in the performance of ADL tasks.

Regarding support received from the network, we found one significant difference at the $p < .01$ level between recipients and nonrecipients of formal aid. Those who receive formal assistance also receive more support from their children-in-law ($F = 9.0$). Differences (significant at the $p < .05$ level) were also observed with respect to other types of relationships, in particular with children, siblings-in-law, other kin, and non-kin. Lastly, we found that the recipients of formal assistance report less instrumental support from their partner, when a partner is available.

SUMMARY AND SOCIAL POLICY IMPLICATIONS

The first point of note is the extent to which Dutch older adults between the ages of 55 and 89 are integrated in relationships with kin and non-kin. The findings on the size and composition of their total networks and their interaction with network members indicate that most of the elderly respondents do, indeed, maintain contact with relatives and with other people who live in the neighborhood, friends, members of organizations, and agencies for volunteer work of all kinds.

On the average, the Dutch elderly maintain contact with almost 12 network members, but there are some who mention fewer than 4 network members and others whose network is comprised of more than 20 members. With the majority of the network members, contact is maintained anywhere from once a week to daily. Outside the partner relationship, the most frequent contact is maintained with neighbors and children. The contact within other types of relationships, on the other hand, is less frequent.

These findings should be viewed in relation to the method used to delineate the networks. As opposed to other delineating methods, such as the affective approach (Antonucci and Akiyama, 1987b; Morgan, Schuster, and Butler, 1991; Wellman, 1979) or the exchange approach (Kendig, 1986; McCallister and Fischer, 1978), our method produces a network of average size with relatively numerous non-kin relationships (Broese van Groenou and van Tilburg, 1996; Milardo, 1992). Moreover, it poses specific questions about network members with whom the respondents maintain regular contact, which accounts for the relatively high average contact frequency in the networks.

In view of our point of departure—that is, to describe the social integration of Dutch older adults—we believe that this delineating method accurately depicts the social life of older adults. Unlike a method that poses questions about “significant others” in identifying network members (affective approach) or about persons with whom significant interactions occur (exchange approach), we are primarily interested in the existence of contact with the other person. However, our method differs from the traditional interaction approach, which focuses on daily social contact (Milardo, 1989), in that the criterion of importance is added here. The specific contents of the contact do not play a role, but the contact itself must be of some importance. Our findings show that Dutch older adults maintain a large number of contacts of this kind, indicating that they are, indeed, socially integrated.

More subtle details can be added to this general conclusion by examining the networks of different categories of elderly people. Gender differences are found mainly in the composition of the networks. The findings suggest that men and women partly socialize in different social circles. Women participate more in ties with kin and friends. Men are involved more often in formal organizations, which they apparently use as recruitment grounds for social contacts. Women were expected to be more involved in neighborhood contacts than men, but this is not the case. It could be that men increase their involvement in the neighborhood after they leave the work force and have more time to socialize closer to home.

The oldest respondents have smaller networks than do younger ones, and the networks of the oldest respondents also contain a higher percentage of relatives. These networks are relatively small because older respondents have fewer age peers (siblings, siblings-in-law, friends, and other non-kin). The aspect that gives rise to concern is that the oldest respondents have fewer network members who can be classified as major support-givers, such as partner, children, and children-

in-law. Why relatively fewer children and children-in-law are mentioned in the networks of the oldest respondents is not completely clear. On the basis of the cross-sectional data employed here, however, we are unable to determine whether long-distance moves or the death of children, for example, are the reasons for this. Longitudinal data will hopefully be more conclusive.

In keeping with earlier research, we, too, find that the availability of a partner and/or children has major consequences for the composition of the kin network. Relationships associated with a partner, such as those with children, children-in-law, and siblings-in-law, occur much more frequently in the networks of respondents with a partner. Older adults who have no children mention more other kin in their networks. Having a partner and/or children, however, does not have much effect on contact with non-kin. Our data tend to confirm, moreover, that kin relationships, particularly relationships with siblings, are important for older adults without children and partners.

The second major issue addressed in this chapter is the extent to which the networks of older adults serve as a reservoir for actual and potential support-givers. Our findings on receipt of instrumental support pertain to the 12 most frequent contacts in the network (or fewer than 12, if fewer are available). In general, older adults rarely receive help with practical matters from the network. Those who do receive instrumental support relatively often are the oldest respondents, the men, and those with a partner and/or children. Most of the help is received from the partner, and to lesser degrees from children, children-in-law, neighbors, friends, siblings, other kin, siblings-in-law, and other non-kin.

There appears to be a large difference, moreover, between people with whom respondents maintain frequent contact and people from whom they receive support. There does appear to be a positive correlation between contact frequency and support received, but as there are also many frequent contacts that barely provide any support, this correlation is rather weak. A clear example of this are the neighbors, with whom there is extremely frequent contact but from whom relatively little support is received. In addition, there are network members with whom not much contact is maintained, but with whom the contact nonetheless provides a reasonable amount of support. This holds true, for example, for friends and siblings. The results thus show that there is not a consistent overlap between the contact network and the instrumental support network.

The extent of support received also depends largely on the availability of a partner and/or children. In most cases, they are the most important support-givers. Older adults lacking these relationship types tend to receive relatively more support from their other relatives, in particular from their siblings. In general, neighbors and friends appear to be much less important support-givers for older adults without partners and/or children than is commonly assumed.

Yet we have seen that these types of network members do play an active role after all, if and when there is a great need for instrumental support on the part of the elderly, as in the case of limited capacity for performing ADL tasks. Older

adults with severe or slight capacity problems receive more instrumental support from virtually all the relationship types than do older adults with no ADL difficulties. In this regard, siblings, siblings-in-law, neighbors, friends, and other non-kin seem primarily to constitute potential support-givers. But it is not until there is an emergency that these network members become actual support-givers.

We have also observed that the presence of professional help does not seem to contribute to the informal network becoming more-or-less supportive. At the same time, we found that older adults who receive professional help are the very ones whose partner is less available or not at all. Conversely, they are also the ones whose family (children, children-in-law, other kin) also give relatively large amounts of support. It may be tentatively concluded, therefore, that formal professional help mainly constitutes a replacement for the help of the partner and a supplement to the help of children and close relatives.

Our findings thus indicate the importance of the personal network for the social life and functioning of the elderly. Many older adults have a partner and/or children, who generally serve as major actual support-givers. Other types of network members tend to play an active role if the primary support-givers are unavailable, or if an emergency situation arises in which the older adult has greater need for help.

The findings also confirm the importance of family relationships for elderly people (Blieszner and Hilkevitch Bedford, 1995). It is mainly the siblings, siblings-in-law, and other kin with whom contact is maintained and from whom support is received if partner and/or children are not present. Given the future demographic trends in which older adults are expected to have fewer children and siblings and more elderly people to have been single throughout their lives (Van der Wijst and Van Poppel, 1994b), the demonstrated importance of family relationships gives rise to serious concern in terms of the evolving policies of social care. If fewer older adults will have support-givers of this kind, and if they run an increased risk of physical ailment due to greater longevity, they will be less able to rely on informal networks in the future. The professional care that now serves merely as a supplement to the support provided by the personal network will most probably have to take over many of the network's caregiving tasks.

It is also conceivable that social policies will have to focus more on mobilizing other parts of the network, such as neighbors and friends. Our data show that the greater the need for care on the part of the elderly person, the more neighbors, friends, and other non-kin are likely to help. However, the question remains as to whether these second-line helpers will ever serve the same function as the members of the immediate family.

Today's older adults without partners and/or children demonstrate that, in general, non-kin relationships are not as supportive as the relationships with partners and children. It is equally obvious that the oldest people who need the most support are the very ones who have the least number of non-kin relationships of this kind. It is particularly the oldest-old without a partner, without children, and

with only a few non-kin relationships who will require the most professional care. In developing future scenarios for social and home health care, therefore, Dutch authorities will have to take into account an ever greater number of older adults who have increasingly smaller family networks and who will not always be able to rely on neighbors, friends, and other non-kin, who are themselves growing older.

NOTE

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